Signature



DENTAL BOARD OF CALIFORNIA 1432 HOWE AVENUE, SUITE 85 SACRAMENTO, CA 95825-3241 TELEPHONE: (916) 263-2300 FAX: (916) 274-5970



CERTIFICATION OF TRANSLATION

TO THE DENTAL BOARD OF CALIFORNIA OF THE STATE OF CALIFORNIA:				
REGARDING:				
REGARDING: Name of Applicant				
I HEREBY CERTIFY that I have prepared the attached translation of				
	(Title of Doc	uments)		
which the above-named applicant is submitting to the Dental Board of California as part of the				
application for the restorative technique and dental licensure examinations.				
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF				
CALIFORNIA that the translation hereto attached is a true and exact copy of the translation of the accompanying document(s) entitled				
accompanying accument(s) critica				
(Title of Documents)				
EXECUTED AT	this	day of	,	<u> </u>
			Month	Year
	_	Typed Name		
SEAL OF TRANSLATION SERVICE	_	Translation Service		
	_			
		Address		
	_	Telephone Number		

THIS CERTIFICATION MUST BE ATTACHED TO ORIGINAL COPY OF THE RECORD(S)